

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT/ST

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8	/					
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43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	11					
TOTAL DEP.	18					
TOTAL	29	1555.50	1555.50	1555.50	1555.50	1555.50

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
65						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL	1225.50	1555.50	1555.50	1555.50	1555.50	1555.50